lowa	Department	of
RE	VÉNU	E

For Calendar Year 2022 or tax year beginning

	lowa Fiduciary Return
	tax.iowa.gov
/ , 2022, and ending	_ /, 20
(Include IA102) ☐ Section 645 Flection	on₄□ Short Period □

Return Type (Check Applicable Boxes):			
Initial Return \square Final Return \square Amended Ref	turn (Include IA102) ☐ Section 6	45 Election ☐ Short	Period □
Tax Certificate of Acquittance Requested?	Yes □ No □		
Is an IA 706 being filed?	Yes □ No □		
Entity Type (Mark all that apply):			
Estate \square Grantor Trust \square Simple Trust \square	Complex Trust □ Bankruptcy E	state □ Burial Trust	Fund 🗆
If a trust, check one: Testamentary □	Inter Vivos □		
Residency Status: Resident □ Non	resident □ Part-year reside	ent □	
			•
Name of estate or trust:	FEI	N:	
Name and title of fiduciary:	Dec	cedent's SSN:	
Address of Colorisms (2th a state = 20)			
Address of fiduciary (city, state, zip):		r	
lowa County in which estate is pending:	Probate number:	_ Date of Death:	
Composite Return Requirement - Does the t	rust or estate have any of the f	ollowing in the tax y	ear?
1. A nonresident individual as a beneficiar			No □
2. An estate or trust without a situs in lowar	a as a beneficiary?	Yes 🗆	No □
3. A C or S corporation without a commerce	cial domicile in lowa as a benefici	ary? Yes □	No 🗆
4. A partnership without a commercial don	nicile in lowa as a beneficiary?	Yes 🗆	No 🗆
5. A composite credit received from another	er entity on an Iowa K-1?	Yes 🗆	No 🗆

If you answered yes to any of "1" through "5", you may have a composite return requirement, see instructions.

Name of estate or trust:	F	EIN:
POWER OF ATTORNEY AUTHORIZATION (POA)		
Authorization is granted to the person listed below to act as the Revenue, to make written or oral presentation on behalf information under lowa Code section 450.68, including an incis limited to those acts and information relevant to this return, federal tax information.	of the estate, and come tax certificate	d to receive confidential state tax e of acquittance. This authorization
Representative Name:		
Representative identification number:		
ID Type, check one: SSN/ITIN □ PTIN [
Phone:	_ Email:	
Address:		•
City:	_ State:	Zip:
DESIGNATION FOR TAX DISCLOSURE (for individuals r	not authorized to	act on behalf of the taxpayer)
This designation allows for the designee to receive the estat return. This designation does not authorize a designee to re		_
Representative Name:		
Representative identification number:		
ID Type, check one: SSN/ITIN □ PTIN	□ IAN □	
Phone:	Email:	
Address:		
City:	State:	Zip:

Name	of estate or trust: FE	EIN:
1.	Interest income	1
2.	Ordinary dividends	2
3.	Business income	3
4.	Capital gain or (loss)	4
5.	Rents, royalties, partnerships, other estate and trusts, etc.	5
6.	Farm income or (loss)	6
7.	Ordinary gain or (loss)	7
8.	Other income. List type	
9.	Total federal income. Add lines 1 through 8.	9
10.	Interest	10
11.	Taxes	11
12.	Fiduciary fees	12
13.	Charitable deduction	13
	Attorney, accountant, and return preparer fees	
15.	Other deductions	15
16.	Net operating loss (NOL) deduction (see instructions)	16
17.	Total federal deductions. Add lines 10 through 16	17
18.	Federal adjusted total income or (loss). Subtract line 17 from line 9	18
19.	lowa net modification from Schedule A, Part II, line 8	19
20.	lowa adjusted total income or (loss). Subtract line 19 from line 18	20
21.	lowa income distribution deduction from Schedule B, line 15, but not les	s than 021.
22.	Qualified business income deduction	22
23.	RESERVED FOR FUTURE USE	23
24.	RESERVED FOR FUTURE USE	24
25.	lowa taxable income. Subtract lines 21, 22, 23 and 24 from line 20	25
26.	Tax from tax table. If line 25 is zero or less, enter 0	26
27.	IA 103 tax. Enter the amount from the IA 103, line 26	27
28.	Iowa lump sum tax. Include federal Schedule 4972	28
29.	Iowa alternative minimum tax. Include IA 1041 Schedule D	29
30.	Tax on the ESBT portion of the trust from Schedule E	30
31.	Tax before credits. Add lines 26 through 30	31
32.	Personal exemption. Enter \$40 or the amount on line 31, whichever is s	maller 32.
33.	Nonresident, part-year resident tax credit, Schedule C, line 30	33
34.	Balance. Subtract lines 32 and 33 from line 31	34
35.	Out of State tax credit. Include IA 130	35
36.	Balance. Subtract line 35 from line 34	36

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lame	of estate or trust: FE	IN:	
	Other nonrefundable tax credits. Include IA 148		
	Total fiduciary tax. Subtract line 37 from line 36	·	
39.	Income tax withheld. Include federal form(s) 1099 or supporting docume	ntation 39	
40.	Estimated taxes paid to date	40.	
41.	Composite return credit. Include Iowa Schedule CC	41	
42.	Motor fuel tax credit. Include IA 4136	42	
43.	Other refundable credits. Include IA 148	43.	
44.	Total refundable credits. Add lines 39 through 43	44	
45.	Tax Liability. If line 44 is smaller than line 38, enter the difference	45.	
46.	Refund. If line 44 is greater than line 38, enter the difference	46	
47.	Penalty and interestPenalty Interest Add. Enter total	l47	
48	Amount due: Add lines 45 and 47. Submit with form IA 1041V	48	

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Na	me of estate or trust:	FEIN:	
Sc	hedule A: Iowa Modifications		
ı	Part I: Modifications to Federal Taxable Income – Additions		
1.	Interest from foreign securities and state municipal securities		1
2.	Dividends not included in federal income		2
3.	Taxable federal refund		.3
4.	Other income		.4
5.	Total additions (Add lines 1 through 4)		.5
ı	Part II: Modifications to Federal Taxable Income – Subtractions		
1.	Taxable interest income received from federal obligations	,	.1
2.	Dividend income received from federal obligations		2
3.	lowa tax refund included on federal 1041, line 8		.3
4.	Federal income tax paid		.4

7. Total subtractions (Add lines 1 through 6)......7.

Name	of estate or trust: F	EIN:	
Sched	lule B: Iowa Distributable Net Income:		
1.	lowa adjusted total income or (loss) from IA 1041, line 20	1.	
	If Iowa adjusted total income and the total from IA 1041, line 4 are loss	ses, use	
	the smaller loss.		,
2.	Adjusted tax-exempt income	2.	
3.	Enter the amount from federal form 1041, Schedule B, line 3	3.	
4.	Enter the amount from federal form 1041, Schedule B, line 4	4.	
5.	Enter the amount from federal form 1041, Schedule B, line 5	5.	
6.	If the amount on IA 1041, line 4 is a gain, enter as a negative number.		
	If the amount on IA 1041, line 4 is a loss, enter the loss as a positive n	umber6.	
7.	Combine lines 1 through 6. If zero or less, enter 0. This is your lowa di	istributable	
	net income	7.	
8.	If a complex trust, enter the accounting income for the tax year as dete	ermined	
	under the governing instrument	8.	
9.	Income required to be distributed currently	9.	
10.	Other amounts paid, credited, or otherwise required to be distributed	10.	
11.	Add lines 9 and 10. This is your actual total distributions for the year	11.	
12.	Tax exempt income included in actual distributions included on IA 104	1, line 1812.	
13.	Subtract line 12 from line 11. This is your tentative income distribution	deduction	
	based on actual distributions	13.	
14.	Subtract line 5 from line 7. This is your tentative income distribution de	eduction 14.	
15.	Enter the smaller of line 13 or line 14 here, and on the IA 1041, line 21	. If zero or	

less, enter 0. This is your lowa income distribution deduction15.

Name of estate or trust:	FEIN:	
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Schedule C: Computation of Nonresident/Part-Year Resident Tax Credit

Moved	into Iowa				•
Moved	out of lowa			Column A All Source Income	Column B
Date of	change in resid	ency:		from IA 1041	Iowa Source
1. Inte	rest income		1		
2. Ord	linary dividends.		2		
3. Bus	siness income		3		
4. Cap	oital gain or loss.		4		
5. Rer	nts, royalties, par	rtnerships, other estates and true	sts, etc5		
6. Far	m income or (los	ss)	6		
7. Ord	linary gain or (los	ss)	7		
8. Oth	er income		8		
9. Tot	al income. Add li	ines 1 through 8	9		
10. Inte	rest		10		
11. Tax	œs		11		
12. Fid	uciary fees		12		
13. Cha	aritable deductio	n	13		
14. Atto	orney, accountan	nt, and return preparer fees	14	·	
15. Oth	er deductions		15		
16. NO	L deduction	,	16		
17. Tot	al deductions. Ad	dd lines 10 through 16	17	·	
18. Mo	difications from I	A 1041 Schedule A, Part II, line	818		
19. Bal	ance. Subtract li	ne 17 from line 9, then add line	1819		
20. Dis	tribution to benet	ficiaries	20		
		ncome deduction			
22. RE	SERVED FOR F	UTURE USE	22		
23. Tot	al. Add lines 20 t	through 22	23	·	
24. Tax	able income of f	iduciary. Subtract line 23 from li	ne 1924	·	
A, I	ine 24 and enter	ntage. Divide column B, line 24 b percentage rounded to nearest annot exceed 100.0%	tenth	25	i.
		percentage. Subtract line 25 fron			
		come from IA 1041, line 26			
		credit from IA 1041, line 32			
		ubtract line 28 from line 27			
30. Nor	resident tax cre	dit. Multiply line 29 by line 26 unt on IA 1041, line 33			

	dule D: lowa Alternative Minimum Tax – Estates and Trusts art I – lowa Adjustments and Preferences. See Instructions	
1.		1
2.		
3.		
3. 4.		
4. 5.		4
5.	· · · · · · · · · · · · · · · · · · ·	E
6	(excess of AMT income over regular income tax)	
6.		
7.		7.
8.		0
0	(difference between regular tax and AMT)	
	Passive activities (difference between AMT and regular tax income or loss)	
	D. Loss limitations (difference between AMT and regular tax income or loss)	
	1. Circulation costs (difference between regular tax and AMT)	
	2. Long-term contracts (difference between AMT and regular tax income)	
	3. Mining costs (difference between regular tax and AMT)	
	4. Research and experimental costs (difference between regular tax and AMT)	
	5. Income from certain installment sales before January 1, 1987	· · · · · · · · · · · · · · · · · · ·
	6. Other adjustments, including income-based related adjustments	
	7. Total Adjustments and preferences. Add lines 1 through 16	17
	art II - Iowa Alternative Minimum Taxable Income	
	3. Taxable income from IA 1041, line 25	
	9. NOL deduction. Do not enter as negative amount	
). Add lines 17, 18, and 19	
	lowa alternative minimum tax NOL deduction. See instructions	
	2. Iowa alternative minimum taxable income. Subtract line 21 from line 20	22
	art III - Iowa Exemption Amount and Iowa Alternative Minimum Tax	
	3. Subtract \$75,000 from line 22. If zero or less, enter zero	· · · · · · · · · · · · · · · · · · ·
	4. Multiply line 23 by 25% (.25)	
	5. Subtract line 24 from \$17,500. If zero or less, enter zero	
	6. Subtract line 25 from line 22. If zero or less, enter zero	
27	7. Tentative lowa alternative minimum tax. Multiply line 26 by 6.4% (.064)	27
28	3. Regular tax less exemption credit. Enter IA 1041, line 26, less \$40.	
	If zero or less, enter zero	28
29	9. Iowa alternative minimum tax. Subtract line 28 from line 27; enter here and on	
	IA 1041, line 29. If zero or less, enter zero. See instructions for lowa alternative	
	minimum tax limited to net worth	29.
Р	art IV - Nonresidents Only – Complete lines 30-33	
30). Enter lowa taxable income plus lowa adjustments and preferences.	
	If zero or less enter zero. See instructions	30
3	Total taxable income plus total adjustments and preferences.	
	If zero or less enter zero. See instructions	31
32	2. Divide line 30 by line 31 and enter the result to three decimal places.	
	If greater than one, enter one. See instructions	32.
33	3. Iowa alternative minimum tax. Multiply line 29 by line 32.	
	Enter here and on IA 1041, line 29. See instructions	33.

vame	of estate or trust:	FEIN:
Sched	lule E: Electing Small Business Trust (ESBT) Tax Comput	ation
1.	Total federal adjusted ESBT income	1
2.	lowa additions to ESBT income (include statement)	2.
3.	lowa deductions to ESBT income (include statement)	
4.	lowa taxable ESBT income. Add lines 1 and 2, then subtract	line 3
	Residents enter here and on IA 1041, line 30	4
	Nonresidents and part-year residents continue to line 5	
Nonre	sident and part-year resident trusts/estates	
5.	lowa source income	5
6.	Divide line 5 by line 3 (round to two decimal places)	6
7.	Multiply line 6 by line 4.	
	Nonresident and part-year resident trusts report this amount	on IA 1041, line 307.
lov PC	D: Huciary Return Processing Iva Department of Revenue D Box 10467 Is Moines, IA 50306-0467.	
	you pay by check, you authorize the Department of Revenug transaction.	e to convert your check to a one time electronic
	Here ration: I, the undersigned, declare under penalties of perjury of and, to the best of my knowledge and belief, it is true, correct	
Signat	ure of fiduciary or officer representing fiduciary:	
		Date:
Signat	ure of preparer other than fiduciary:	
		Date:
Prenai	rer PTIN: Address:	